

External Complaint of Discrimination
(For Users of the Judiciary's Programs and Services)

Complainant Information

Name: _____ Telephone Number: W () H ()
Address: _____ City: _____ State: _____ Zip Code: _____

Name, title and address of person you believe discriminated against you:

Name:	Title:	Telephone Number: W ()
Address:	City:	State: Zip Code:

When was the last alleged discriminatory act? (Month, Day and Year)

The alleged discrimination was based on:

Race Color Age Gender	Marital Status Sexual Orientation National Origin Physical or Mental Disability	Political Affiliation or Opinion Religious Affiliation Other:
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The issue(s) involved was:

Describe the alleged act(s) of discrimination. (Use additional pages if necessary.)
What corrective action do you want taken on your behalf?

Have you filed a complaint alleging the same discrimination with another state or federal agency? **Yes** **No**

If yes, with which agency?

SIGNATURE

DATE